NEW HAMPSHIRE
DEPARTMENT OF
**Environmental
Services**

State of New Hampshire
Department of Environmental Services
Water Division
WATER SUPPLY ENGINEERING BUREAU
6 Hazen Drive, P O Box 95, Concord NH 03302-0095

APPLICATION FOR WATER WORKS OPERATOR CERTIFICATION
Under Provisions of RSA 332-E (Chapter 487, Laws of 1979)

Please Type or Print. Answer all questions.

GENERAL INFORMATION

Date of Exam: _____

Name: _____
              Last   First   MI

Social Security #: _____ Date of Birth: _____

Home Mailing Address: _____

City/State/Zip Code: _____

    Telephone #:   (_____)_____

Water System/Company Employed By: _____

    Water System EPA #: _____

Employer Mailing Address: _____

City/State/Zip Code: _____

    Telephone #:   (_____)_____

TYPE AND GRADE OF CERTIFICATE BEING APPLIED FOR

Please refer to Operator Certification Regulations Ws 367.11 for minimum education and experience requirements before completing this portion of the application.

Treatment Grade: _____I   _____II   _____III   _____IV

Distribution Grade: _____I   _____II   _____III   _____IV

Combined Distribution/Treatment Grade IA_____

APPLICATION FEE

The application fee is **$50.00** <u>PER EXAM</u> for the Grades I-IV (Treatment & Distribution); **$50.00** <u>PER CATEGORY</u> for reciprocity and **$50.00** for the Combined Distribution/Treatment Grade IA. This fee is <u>NON-REFUNDABLE</u>. Keep this fee separate; do not combine with other charges for the Division or Department.

Make check payable to **TREASURER, STATE OF NEW HAMPSHIRE**. <u>DO NOT SEND CASH</u>.

PRESENT STATUS OF OPERATOR CERTIFICATE

_____ New applicant for examination in NH. NOT holding any drinking water license.

_____ Retesting at same grade level and category of examination. (Reinstate/failed)

_____ Upgrading present water works operator certificate: Certificate #: _____

_____ Applying for operator in training (OIT). Ws 367.11(e)(2)

_____ Applying for reciprocity;   State:_____ Certificate #:_____

(Regarding reciprocity: attach a copy of your valid certificate & a copy of State regulations)

EDUCATION	Name & Location of Schools	# of Years	Grad Date	Degree/Major
High School/GED				
Technical				
College				

Attach copies of diploma, GED certificate, transcripts, if applicable.

TRAINING

Give the name and/or description of any water works courses and/or seminars you have attended, type of training and the date completed. Attach any certificates, diplomas, transcripts or other documentation of having completed the course.

Title of Course/Seminar	Description of Course/Seminar	Type	Date Completed

PROFESSIONAL ASSOCIATIONS

List affiliations with associations and/or organizations related to the drinking water industry.

EMPLOYMENT INFORMATION: RELATED TO THE WATER **TREATMENT** OPERATORS CERTIFICATION

List the most recent employment information first. Be sure and **DETAIL** the specific information that directly relates to your water treatment experience. This is an account of your water treatment experience.

From: To:	
From: To:	
From: To:	

EMPLOYMENT INFORMATION: RELATED TO THE WATER **DISTRIBUTION SYSTEM** OPERATORS CERTIFICATION

List the most recent employment information first. Be sure and **DETAIL** the specific information that directly relates to your distribution system experience. This is an account of your water distribution system experience.

From:
To:

From:
To:

From:
To:

THIS SPACE PROVIDED FOR ADDITIONAL INFORMATION/COMMENTS

THIS APPLICATION IS TO BE SUBMITTED TO THE WATER SUPPLY ENGINEERING BUREAU NO LATER THAN 30 DAYS PRIOR TO THE REQUESTED EXAMINATION DATE. AN ACKNOWLEDGMENT CARD WILL BE SENT UPON RECEIPT OF THIS APPLICATION BY THE WATER SUPPLY ENGINEERING BUREAU. IF YOU DO NOT RECEIVE AN ACKNOWLEDGMENT CARD WITHIN A REASONABLE TIMEFRAME, PLEASE CALL THE WATER SUPPLY ENGINEERING BUREAU AT (603) 271-3139. FORMAL REVIEW OF THE APPLICATION WILL BE DONE AND NOTIFICATION OF THE APPLICANTS ELIGIBILITY WILL BE SENT NO LATER THAN 3 WEEKS BEFORE THE EXAMINATION DATE.

THIS AFFIRMATION MUST BE COMPLETED

I certify that there are no willful misrepresentations of the above statements and answers to questions. I understand that should the review of this application disclose such misrepresentations, my application may be rejected and, should I have obtained my certification, my certification may be revoked.

SIGNATURE:

DATE:

(Each application must bear a current date and original signature.)